

Revised 8-14-03	DMH SERVICE CODE	DESCRIPTION	AMOUNT	POS Unit Size	Required Unit size	CPT	CPT Description	Modifiers	Modifier Description	HCPCS	HCPCS Description	Modifiers	Modifier Description
POS System Services													
	02200H	-- EVALUATION/ASSESSM ENT	\$18,300	15 min						H0031	Mental health assessment by non-physician		
	040001	--NUTRITIONAL EVAL/ASSES IND-	\$160	1 hour	15 min	97802	Medical nutrition therapy; initial assessment and intervention, individual, face-to-face with the patient, each 15 min.						
	06001W	--PRE-ADM SCREEN/EVAL PASARR level 1	\$9,400	Presc	Per event					T2010	Preadmission screening and resident review (PASRR) Level I		
		--PRE-ADM SCREEN/EVAL PASARR level 2			Per event					T2011	Preadmission screening and resident review (PASRR) Level II		
	090001	--REC THERAPY EVAL IND-	\$550	1 hour									
	12000H	--PSYCHOLOGICAL EVAL/ASS-IND-	\$1,044	1/2 hour	per hour	96100	Psychological testing (includes psychodiagnostic assessment of personality, psychopathology, emotionality, intellectual abilities, eg, WAIS-R, Rorschach, MMPI) with interpretation and report, per hour.						
	15000A	--SPEECH/LANGUAGE EVAL -IND.-	\$129	1/2 hour		92506	Evaluation of speech, language, voice, communication, auditory processing and/or aural rehabilitation status						

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	15000H	--SPEECH/LANGUAGE EVAL -IND.-	\$1,868	1/4 hour		92506	Evaluation of speech, language, voice, communication, auditory processing and/or aural rehabilitation status						
	15000J	--SPEECH/LANGUAGE EVAL -IND.-	\$2,028	1/4 hour		92506	Evaluation of speech, language, voice, communication, auditory processing and/or aural rehabilitation status						
	17000A	--PHYSICAL THRPY EVAL/AS-IND-	\$274	1/2 hour		97001	Physical therapy evaluation						
	17000H	--PHYSICAL THRPY EVAL/AS-IND-	\$433	1/4 hour		97001	Physical therapy evaluation						
	18000A	--OCCUPATNAL THRPY EV/AS-IND-	\$115	1/2 hour		97003	Occupational therapy evaluation						
	18000H	--OCCUPATNAL THRPY EV/AS-IND-	\$201	1/4 hour		97003	Occupational therapy evaluation						
	18100A	--OT EVAL-EQP REP/HM MOD-IND-	\$60	1/2 hour		97003	Occupational therapy evaluation						
	19100A	--BEHAVIOR THERAPY EVAL IND-	\$140	1/2 hour						H0002	Behavioral health screening to determine eligibility for admission to treatment program	HO	Masters degree level
	19100H	--BEHAVIOR THERAPY EVAL	\$108	IND						H0002	Behavioral health screening to determine eligibility for admission to treatment program	HO	Masters degree level

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	19200A	--BEHAVIOR MANAG. EVAL IND-	\$581	1/2 hour						H0002	Behavioral health screening to determine eligibility for admission to treatment program	HN, UK	Bachelors degree level; Services provided on behalf of client to someone other than the client (collateral relationship)
	19200H	--BEHAVIOR MANAG. EVAL IND	\$20,446	1/4 hour						H0002	Behavioral health screening to determine eligibility for admission to treatment program	HN, UK	Bachelors degree level; Services provided on behalf of client to someone other than the client (collateral relationship)
	20014H	--CASE MGMT/ADVOCACY IND	\$1,530	1/4 hour	15 min					T1016	Case Management, each 15 min		
Y9126	33100H	--BEHAVIOR THERAPY/QMRP	\$62,939	1/4 hour	15 min					H0004	Behavioral health counseling and therapy, per 15 min		
	33A00A	--BEHAVIOR THER- CLINICAL IND-	\$1,689	1/2 hour	15 min					H2019	Therapeutic Behavioral Services, per 15 minutes	HO	Masters degree level
	33A00H	--BEHAVIOR THER- CLINICAL IND	\$299,038	1/4 hour	15 min					H2019	Therapeutic Behavioral Services, per 15 minutes	HO	Masters degree level
	33A00J	--BEHAVIOR THER- CLINICAL IND	\$14,632	1/4 hour	15 min					H2019	Therapeutic Behavioral Services, per 15 minutes	HO	Masters degree level
	33A01H	--BEHAVIOR THERAPY ASSISTANT	\$3,486	1/4 hour	15 min					H2019	Therapeutic Behavioral Services, per 15 minutes	HM	Less than bachelor degree level

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	33B00A	--BH THR-CL ORENTD CNSLT IND-	\$1,147	1/2 hour	15 min					H2019	Therapeutic Behavioral Services, per 15 minutes	HO, UK	Masters degree level; Sevice provided on behalf of client to someone other than the client (collateral relationship)
	33B00H	--BH THR-CL ORENTD CNSLT IND	\$1,143	1/4 hour	15 min					H2019	Therapeutic Behavioral Services, per 15 minutes	HO, UK	Masters degree level; Sevice provided on behalf of client to someone other than the client (collateral relationship)
	35000H	--INTERPERSONAL CNSL/THY-IND-	\$29,542	1 hour	15 min					H0004	Behavioral health counseling and therapy, per 15 min	HO	Masters degree level
	35000J	--INTERPERSONAL CNSL/THY-IND-	\$540	1/4 hour	15 min					H0004	Behavioral health counseling and therapy, per 15 min	HO	Masters degree level
	35000S	--INTERPERSONAL CNSL/THY-GRP-	\$3,873	1/4 hour	15 min					H0004	Behavioral health counseling and therapy, per 15 min	HO, HQ	Masters degree level; Group
	35A00A	--INTRPRSNL CNSLG/CLIENT-IND-	\$26,352	1/2 hour	15 min					H0004	Behavioral health counseling and therapy, per 15 min	HO,	Masters degree level
	35A00B	--INTRPRSNL CNSLG/CLIENT-IND-	\$11,305	1/2 hour	15 min					H0004	Behavioral health counseling and therapy, per 15 min	HO,	Masters degree level
Y9109	35A00H	--INTRPRSNL CNSLG- CLIENT-IND-	\$50,764	1/4 hour	15 min					H0004	Behavioral health counseling and therapy, per 15 min	HO,	Masters degree level

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	35A00J	--INTRPRS NL CNSLG- CLIENT IND-	\$1,350	1/4 hour	15 min					H0004	Behavioral health counseling and therapy, per 15 min	HO,	Masters degree level
	35B00A	--INTRPRS NL CNSLG/FAMILY-IND-	\$1,901	1/2 hour	15 min					H0004	Behavioral health counseling and therapy, per 15 min	HO, UK	Masters degree level; Sevice provided on behalf of client to someone other than the client (collateral relationship)
	35B00B	--INTRPRS NL CNSLG/FAMILY-IND1	\$4,954	1/2 hour	15 min					H0004	Behavioral health counseling and therapy, per 15 min	HO, UK	Masters degree level; Sevice provided on behalf of client to someone other than the client (collateral relationship)
Y9109	35B00H	--COUNSELING/FAMILY IND	\$3,294	1/4 hour	15 min					H0004	Behavioral health counseling and therapy, per 15 min	HO, UK	Masters degree level; Sevice provided on behalf of client to someone other than the client (collateral relationship)
	392101	--HOMEMAKER SRV.QLTY.I IND-	\$8,159	1 hour	1 hour					S9123	Nursing care, in the home; by registered nurse, per hour		
	392102	--HOMEMAKER SRV QLTY I -IND-	\$191	1 hour	1 hour					S9123	Nursing care, in the home; by registered nurse, per hour		
	39210H	--HOMEMAKER SRV.QLTY.I IND	\$3,553	1/4 hour	1 hour					S9123	Nursing care, in the home; by registered nurse, per hour		

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	392201	--HOMEMAKER SRV.QLTY.II IND-	\$4,042	1 hour	1 hour					S9124	Nursing care, in the home; by Licensed practical nurs, per hour		
	392202	--HOMEMAKER SRV QLTY II -IND-	\$511	1 hour	1 hour					S9124	Nursing care, in the home; by Licensed practical nurs, per hour		
	39220A	--HOMEMAKER SRVS QLTY II-IND-	\$1,908	1/2 hour	1 hour					S9124	Nursing care, in the home; by Licensed practical nurs, per hour		
	39260W	--HM HLT CR-MED SUP DISP -	\$11,561	Prscb						H0033	Oral medication administration, Direct observation		
Y9145	39270W	--ADAPTIVE EQUIPMENT PR	\$39,623	Esc						T2028	Specialized supply, not otherwise specified, waiver		
		--ADAPTIVE EQUIPMENT PR		Esc						T2029	Specialized medical equipment, not otherwise specified, waiver		
		--ADAPTIVE EQUIPMENT PR		Esc						T2039	Vehicle modifications, waiver; per service		
Y9140	39271W	--HOME MODIFICATION PR	\$9,271	Esc	Per service					S5165	Home modifications, per service		
SHARE D	44000W	--RESPITE SRVCS /SHARED UNIT-	\$498,538							SHAR ED UNIT			
Y9112	440101	--IN-HOME RESPITE CARE IND	\$165,418	1 hour	15 min					S5150	Unskilled respite care, not hospice, per 15 min		
	440102	--RESPITE CARE(IN HOME) IND.-	\$27,288	1 hour	15 min					S5150	Unskilled respite care, not hospice, per 15 min		
Y9122	440107	--RESPITE CARE(IN- HOME) GRP	\$930	1 hour	15 min					S5150	Unskilled respite care, not hospice, per 15 min	HQ	Group
Y9111	44010F	--IN-HOME RESPITE CARE IND	\$9,900	Day	Per Diem					S5151	Unskilled respite care, not hospice, per diem		
	440201	--RESPITE CARE(OUT- HOME)IND.-	\$5,534	1 hour	15 min					S5150	Unskilled respite care, not hospice, per 15 min		

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	440202	--RESPITE CARE(OUT-HOME)IND.-	\$15,028	1 hour	15 min					S5150	Unskilled respite care, not hospice, per 15 min		
Y9130	44020F	--OUT-HOME RESPITE CARE IND	\$25,272	Day	Per Diem					S5151	Unskilled respite care, not hospice, per diem		
	44021F	--OUT-HOME RESPITE CARE IND	\$9,901	Day	Per Diem					S5151	Unskilled respite care, not hospice, per diem		
	44030F	--RESPITE CARE (R&R) -IND-	\$247	Day	Per Diem					S5151	Unskilled respite care, not hospice, per diem		
	44A101	--SPC RESP(MED)RS-OUT-HM IND-	\$5,392	1 hour	15 min					S5150	Unskilled respite care, not hospice, per 15 min	TG	Complex/high tech level of care
	44A102	--SPC RESP(MED)RS-OUT HOME IN	\$68,692	1 hour	15 min					S5150	Unskilled respite care, not hospice, per 15 min	TG	Complex/high tech level of care
	44A10F	--SPC RESP(MED)RS-OUT-HM IND-	\$185	Day	Per Diem					S5151	Unskilled respite care, not hospice, per diem	TG	Complex/high tech level of care
	44A201	--SPC RESP(MED)IN-HM CAR IND-	\$9,194	1 hour	15 min					S5150	Unskilled respite care, not hospice, per 15 min	TG	Complex/high tech level of care
	44A202	--SPC RESP(MED)IN-HM CAR IND	\$493	1 hour	15 min					S5150	Unskilled respite care, not hospice, per 15 min	TG	Complex/high tech level of care
	44B201	--SP RESP(BEH)IN-HM CARE IND-	\$5,775	1 hour	15 min					S5150	Unskilled respite care, not hospice, per 15 min	TG	Complex/high tech level of care
	44B202	--SP RESP(BEH)IN-HM CARE IND	\$51,462	1 hour	15 min					S5150	Unskilled respite care, not hospice, per 15 min	TG	Complex/high tech level of care

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Y9113	490011	--PRSNL ASSIST/IND CONT. IND	\$298	1 hour	15 min					T1019	Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may not be used to identify services provided by home health aide or certified nursing assistant)	U2	Consumer directed services
Y9123	490016	--PRSNL ASSIST/IND CONT. GRO	\$2,831	1 hour	15 min					T1019	Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may not be used to identify services provided by home health aide or certified nursing assistant)	U2, HQ	Consumer directed services; Group
	490021	--PERSONAL ASSIST, MED/BEH	\$195,086	1 hour	15 min					T1019	Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may not be used to identify services provided by home health aide or certified nursing assistant)	U2, TG	Consumer directed services; Complex/high tech level of care

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	490022	--PERSONAL ASSIST, MED/BEH	\$2,540	1 hour	15 min					T1019	Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may not be used to identify services provided by home health aide or certified nursing assistant)	U2, TG	Consumer directed services; Complex/high tech level of care
	490031	--PERSONAL ASSIST, AGENCY	\$380,131	1 hour	15 min					T1019	Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may not be used to identify services provided by home health aide or certified nursing assistant)		
	490032	--PERSONAL ASSIST, AGENCY	\$21,521	1 hour	15 min					T1019	Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may not be used to identify services provided by home health aide or certified nursing assistant)		

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	49A001	--ATD SVC(GEN)OVR 12 YRS IND-	\$35,055	1 hour	15 min					T1019	Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may not be used to identify services provided by home health aide or certified nursing assistant)	U2	Consumer directed services
	49A002	--ATD SVC(GEN) OUR 12YRS-IND-	\$75,347	1 hour	15 min					T1019	Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may not be used to identify services provided by home health aide or certified nursing assistant)	U2, HA	Consumer directed services; Child/adolescent program
	49A101	--SP ATD SV(MD)OVR 12 YR IND-	\$2,314	1 hour	15 min					T1019	Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may not be used to identify services provided by home health aide or certified nursing assistant)	U2; TG	Consumer directed services; Complex/high tech level of care

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	49A201	--SP ATD SV(BH)OVR 12 YR IND-	\$16	1 hour	15 min					T1019	Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may not be used to identify services provided by home health aide or certified nursing assistant)	U2, TG	Consumer directed services; Complex/high tech level of care
	49Y203	--SP ATD SV(BH)12 & UNDR IND	\$26,111	1 hour	15 min					T1019	Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may not be used to identify services provided by home health aide or certified nursing assistant)	U2, TG, HA	Consumer directed services; Complex/high tech level of care; Child/adolescent program
	510101	--LEISURE ACTIVITY/REC.-IND.-	\$2,379	1 hour	15 min					H2032	Activity therapy, per 15 minutes		
	51010F	--LEISURE ACTIVITY/REC -	\$12,943	Day	15 min					H2032	Activity therapy, per 15 minutes		
	51010M	--LEISURE ACTIVITY/REC.-GRP.-	\$26,068	1/2 hour	15 min					H2032	Activity therapy, per 15 minutes	HQ	Group
	51010W	--LEISURE ACTIVITY/REC.	\$1,037	Presc	15 min					H2032	Activity therapy, per 15 minutes		
	51010X	--LEISURE ACTIVITY/REC -IND-	\$725	Day	15 min					H2032	Activity therapy, per 15 minutes		
	510201	--THERAPEUTIC RECREATION-IND-	\$28,259	1 hour	15 min					H2032	Activity therapy, per 15 minutes		

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	51020A	--THERAPEUTIC RECREATION-IND-	\$5,600	1/2 hour	15 min					H2032	Activity therapy, per 15 minutes		
	51020M	--THERAPEUTIC RECREATION-GRP-	\$5,000	1/2 hour	15 min					H2032	Activity therapy, per 15 minutes	HQ	Group
	51050F	--RESIDENT CAMP - 24 HR-		Day	each session					T2036	Therapeutic camping, overnight, waiver; each session		
	51200H	--MUSIC THERAPY	\$112,090	1/4 hour	45 min or more					G0176	Activity therapy, such as music, dance, art or play therapies not for recreation, related to the care and treatment of patient's disabling mental health problems, per session (45 minutes or more)		
Y9119	52000H	--COMMUNITY SPECIALIST	\$4,500	1/4 hour	15 min					T1016	Case management, each 15 minutes		
SHARE D	52000W	--HAB SRVCS/SHARED UNIT -GRP-	\$4,233,777	Month									
Y9104	52001H	--ON-SITE DAY HAB IND	\$35,908	1/4 hour	15 min					T2021	Day habilitation, waiver per 15 minutes		
	52001J	--ON-SITE DAY HAB IND	\$188	1/4 hour	15 min					T2021	Day habilitation, waiver per 15 minutes		
Y9103	52001S	--ON-SITE DAY HAB GRP	\$532,892	1/4 hour	15 min					T2021	Day habilitation, waiver per 15 minutes	HQ	Group
	52001T	--ON-SITE DAY HAB GRP	\$146,206	1/4 hour	15 min					T2021	Day habilitation, waiver per 15 minutes	HQ	Group
SHARE D	52001W	--HAB SRVCS/SHARED UNIT-GR-MO	\$498,750	Month									
Y9106	52002H	--OFF-SITE DAY HAB IND	\$1,231,493		15 min					T2021	Day habilitation, waiver per 15 minutes	SE	State and/or Federally-funded programs/service s

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	52002J	--OFF-SITE DAY HAB IND	\$315,388		15 min					T2021	Day habilitation, waiver per 15 minutes	SE	State and/or Federally-funded programs/service s
Y9105	52002S	--OFF-SITE DAY HAB GRP	\$208,016		15 min					T2021	Day habilitation, waiver per 15 minutes	SE, HQ	State and/or Federally-funded programs/service s; Group
	52002T	--OFF-SITE DAY HAB GRP	\$12,965		15 min					T2021	Day habilitation, waiver per 15 minutes	SE, HQ	State and/or Federally-funded programs/service s; Group
Y9115	55000H	--OCCUPATIONAL THERAPY -IND.-	\$197,164	1/4 hour	15 min	97535	Self care/home management training & compensatory training, & instruction in use of adaptive equipment, 15 minutes						
	55000J	--OCCUPATIONAL THERAPY -IND.-	\$264	1/4 hour	15 min	97535	Self care/home management training & compensatory training, & instruction in use of adaptive equipment, 15 minutes						
Y9115	55001H	--OT ASSISTANT (COTA) IND	\$2,904	1/4 hour	15 min	97535	Self care/home management training & compensatory training, & instruction in use of adaptive equipment, 15 minutes						
Y9110	56000H	--PHYSICAL THERAPY- IND. -	\$37,541	1/4 hour	15 min	97110	Therapeutic procedure/exercise to develop strength and endurance, range of motion and flexibility, 15 minutes						

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	56001H	--PHYSICAL THERAPY ASSISTANT	\$3,298	1/4 hour	15 min	97110	Therapeutic procedure/exercise to develop strength and endurance, range of motion and flexibility, 15 minutes	HM	Less than bachelor degree				
	56004H	--PHYSICAL THERAPY IND	\$3,167	1/4 hour	15 min	97110	Therapeutic procedure/exercise to develop strength and endurance, range of motion and flexibility, 15 minutes						
Y9110	56A00H	--P T-CLNT ORENTD CNSLTN-IND-	\$78	1/4 hour	15 min	97110	Therapeutic procedure/exercise to develop strength and endurance, range of motion and flexibility, 15 minutes						
	57010H	--PRE-VOC TRNG LEVEL 1 -IND-	\$10,054	1/4 hour									
	570206	--PRE-VOC TRNG LEVEL 2 -GRP-	\$4,890	1 hour									
	580406	--VOC.ADJ.TR.MOBILE CREW-GRP-	\$10,638	1 hour	15 min					H2023	Supported employment, per 15 minutes	HQ	Group
	580407	--VOC. ADJ. TR. MOBILE CREW-G	\$19,326	1 hour	15 min					H2023	Supported employment, per 15 minutes	HQ	Group
	58040P	--VOC ADJ TR MOBILE CREW-GRP-	\$4,235	1/2 hour	15 min					H2023	Supported employment, per 15 minutes	HQ	Group
	58040S	--VOC.ADJ.TR.MOBILE CREW-GRP-	\$11,235	1/4 hour	15 min					H2023	Supported employment, per 15 minutes	HQ	Group
	580601	--SUPORTD EMPLOYMNT JOBS IND-	\$13,401	1 hour	15 min					H2023	Supported employment, per 15 minutes		
	580602	--SUPORTD EMPLOYMNT JOBS IND	\$1,115	1 hour	15 min					H2023	Supported employment, per 15 minutes		

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	58060A	--SUPORTD EMPLOYMNT-JOBS-IND-	\$294	1/2 hour	15 min					H2023	Supported employment, per 15 minutes		
Y9150	58060H	--SUPORTD EMPLOYMNT-JOBS-IND-	\$2,550	1/4 hour	15 min					H2023	Supported employment, per 15 minutes		
	580706	--SUPORTD EMPLOMT- ENCLAV GRP-	\$3,191	1 hour	15 min					H2025	Ongoing support to maintain employment, per 15 minutes	HQ	Group
	58070M	--SUPORTD EMPLOMT- ENCLAV GRP-	\$127	1/2 hr	15 min					H2025	Ongoing support to maintain employment, per 15 minutes	HQ	Group
Y9152	58070S	--SUP. EMPLOY. ENCLAVE GRP	\$48,372	1/4 hour	15 min					H2025	Ongoing support to maintain employment, per 15 minutes	HQ	Group
	73000A	--SPEECH/LANGUAGE THERPY-IND-	\$292	1/2 hour		92507	Treatment of speech, language, voice, communication, and/or auditory processing disoder						
Y9120	73000H	--SPEECH/LANGUAGE THERPY-IND-	\$226,544	1/4 hour		92507	Treatment of speech, language, voice, communication, and/or auditory processing disoder						
	73004H	--SPEECH/LANGUAGE THERPY-IND-	\$3,959	1/4 hour		92507	Treatment of speech, language, voice, communication, and/or auditory processing disoder						
	80200A	--INTERPRETING FOR DEAF-IND.-	\$137	1/2 hour						T1013	Sign language or oral interpreter services		
	802010	--COMMUNICATION ASSISTANT	\$25,770	1 hour	15 min					H2014	Skills training and development, per 15 minuts	TG, HM	Complex/high tech level of care; Less than bachelor degree

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	80201H	--INTERPRETING IND	\$1,801	1/4 hour						T1013	Sign language or oral interpreter services		
	80201W	--INTERPRETING FOR DEAF	\$3,702	Presc						T1013	Sign language or oral interpreter services		
Y9121	802101	--COMMUNICATION SKILLS INSTRUCTION		1 hour	15 min					H2014	Skills training and development, per 15 minuts	TG	Complex/high tech level of care
	80210B	--SIGN LANG/COM SKILL INST A	\$17,065	1/2 hour						T1013	Sign language or oral interpreter services		
	80302H	--ALTER LANGUAGE TRANSLATION	\$1,626	1/4 hour						T1013	Sign language or oral interpreter services		
	81010W	--MEDICATION SERVICES -	\$6,075	Presc	15 min					H0034	Medication traing & support, per 15 minutes		
	83000L	--MEDICAL SUPPLIES- EQUIPMENT-	\$26,891	Presc						T2029	Specialized medical equipment, not otherwise specified, waiver		
					Per Service					T2039	Vehicle modifications, waiver; per service		
	83000W	--MEDICAL SUPPLIES -	\$18,568	Presc						T2028	Specialized supply, not otherwise specified, waiver		
	83010W	--MEDICAL SUPPLIES- INCONT -	\$53,532	Presc	Each					S8403	Adult-sized incontinence garment, disposable, pull- up brief, each		
	87200H	--IN-HOME SRVC(NATURAL ENV)	\$6,863	1/4 hour									
	875142	--TRN.MISC.ADULT 5-9 COD NO A	\$41,958	T-Grp									
	877143	-- TR.DEV.TRG.ADLT.10+C OD NO A	\$10,522	T-Grp									
	877149	--TR.DEV.TG.ADLT.2- 4CHLT.NO A	\$721	T-Grp									
	890000	.TRANSPORTATION (GENERAL)	\$154										

Revised 8-14-03	DMH SERVICE CODE	DESCRIPTION	AMOUNT	POS Unit Size	Required Unit size	CPT	CPT Description	Modifiers	Modifier Description	HCPCS	HCPCS Description	Modifiers	Modifier Description
	890001	--TRANSPORTATION - IND. -	\$840										
	890002	--TRANSPORTATION - IND. -	\$6,126 Mile										
SHARE D	89000W	--TRANSPRTN SVCS/SHARED UNIT-	\$237,938										
	890010	--TRANS IST AMBULATORY	\$124,754 Trip										
	890011	--TRANS IST NON- AMBULATORY	\$17,164 Trip										
	890012	--TRANS DR AMBULATORY	\$11,348 Trip										
	89001W	--TRANSPORTATION AS	\$3,090 Presc										
	890100	--TRANSPORTATION -	\$350 Mile										
	890106	--ROLLING MILE - GRP. -	\$8,966										
	890201	--ONE-WAY TRIP - IND. -	\$1,488										
	890206	--ONE-WAY TRIP - GRP. -	\$4,421										
	890211	--ONE-WAY TRIP IND	\$9,060										
	890271	--FIXED ROUTE/AMBULATORY AREA	\$102,075 1										
	890272	--FIXED ROUTE/AMBULATORY AREA	\$92,138 2										
	890273	--FIXED ROUTE/AMBULATORY AREA	\$66,166 3										
	890274	--FIXED ROUTE/AMBULATORY AREA	\$41,421 4										

Revised 8-14-03	DMH SERVICE CODE	DESCRIPTION	AMOUNT	POS Unit Size	Required Unit size	CPT	CPT Description	Modifiers	Modifier Description	HCPCS	HCPCS Description	Modifiers	Modifier Description
	890275	--FIXED ROUTE/AMBULATORY AREA	\$12,263 5										
	890276	--FIXED ROUTE/AMBULATORY AREA	\$160,993 6										
	890277	--FIXED ROUTE/AMBULATORY AREA	\$136,127 7										
	890278	--FIXED ROUTE/AMBULATORY AREA	\$6,468 8										
	890281	--FIXED ROUTE/NON- AMBULATORY	\$10,716 area 1										
	890282	--FIXED ROUTE/NON- AMBULATORY	\$33,558 area 2										
	890283	--FIXED ROUTE/NON- AMBULATORY	\$3,053 area 3										
	890284	--FIXED ROUTE/NON- AMBULATORY	\$3,208 area 4										
	890285	--FIXED ROUTE/NON- AMBULATORY	\$60,040 area 5										
	890286	--FIXED ROUTE/NON- AMBULATORY	\$9,952 area 6										
	890287	--FIXED ROUTE/NON- AMBULATORY	\$8,311 area 7										
	890288	--FIXED ROUTE/NON- AMBULATORY	\$12,406 area 8										
	890406	--ZONE - GRP. -	\$1,610										
	891101	--TRAVEL - CONTRACTOR - IND.-	\$65,114										
	891146	--TR.SHELTRD WKSP- ADULT W/O A	\$6,683 T-Grp										
	891148	--TR.SHL WKSP-ADULT 2-4 W/O A	\$2,866 T-Grp										

Revised 8-14-03	DMH SERVICE CODE	DESCRIPTION	AMOUNT	POS Unit Size	Required Unit size	CPT	CPT Description	Modifiers	Modifier Description	HCPCS	HCPCS Description	Modifiers	Modifier Description
	897146	--TR.DEVELOP TRNG- ADULT W/O A	\$42,141	T-Grp									
	940001	-- INFORMATION/EDUCATI ON-IND.-	\$1,995	1 hour						H0023	Behavioral health, outreach service (planned approach to reach a targeted population)		
	940002	-- INFORMATION/EDUCATI ON-IND.-	\$480	1 hour						H0023	Behavioral health, outreach service (planned approach to reach a targeted population)		
	94000H	-- INFORMATION/EDUCATI ON-IND.-	\$41,274	1/4 hour						H0023	Behavioral health, outreach service (planned approach to reach a targeted population)		
	94000W	-- INFORMATION/EDUCATI ON -	\$5,250	Presc						H0023	Behavioral health, outreach service (planned approach to reach a targeted population)		
	94200H	--PARENT/CAREGIVER TRAINING	\$110,869	1/4 hour	15 min					H2014	Skills training and development, per 15 minutes	UK	Services provided on behalf of client to someone other than the client (collatreal relationship)
	950001	--PLANNING & CONSULTATION -	\$104,514	1 hour						H0023	Behavioral health, outreach service (planned approach to reach a targeted population)	???	
	95000H	--PLANNING & CONSULTATION	\$9,748	1/4 hour						H0023	Behavioral health, outreach service (planned approach to reach a targeted population)	???	
	95004H	--ABA CONSULTATION	\$1,398	1/4 hour									
	96004W	--SUPPORTED RES DEV SRVC-IND-	\$9,846	Presc	Per diem					H0043	Supported housing, per diem		

Revised 8-14-03	DMH SERVICE CODE	DESCRIPTION	AMOUNT	POS Unit Size	Required Unit size	CPT	CPT Description	Modifiers	Modifier Description	HCPCS	HCPCS Description	Modifiers	Modifier Description
	960051	--PEER SUPRT- CONSUMER SPECIFI	\$71,643	1 hour	15 min					H0038	Self-help/peer services, per 15 minuts		
	960052	--PEER SUPRT-SYSTEM ORIENTED	\$73,424	1 hour	15 min					H0038	Self-help/peer services, per 15 minuts		
Comprehensive Waiver													
Y9100	Y91009	Residential Habilitation		Day	Per Diem					T2016	Habilitation, residential, waiver, per diem	HI, HQ	Comprehensive Waiver; Group
Y9100	Y91008	Intensive Res Hab (J codes)		Day	Per Diem					T2016	Habilitation, residential, waiver, per diem	HI, HQ	Comprehensive Waiver; Group
Y9100	Y91029	Residential Habilitation II		Day	Per Diem					T2016	Habilitation, residential, waiver, per diem	HI, HQ	Comprehensive Waiver; Group
Y9100	Y91039	Residential Habilitation III		Day	Per Diem					T2016	Habilitation, residential, waiver, per diem	HI, HQ	Comprehensive Waiver; Group
Y9101	Y91019	Independent Supported Living		Day	Per Diem					T2016	Habilitation, residential, waiver, per diem	HI	Comprehensive Waiver
Y9103	Y92039	On Site Day Hab, Group		15 min	15 min					T2021	Day habilitation, waiver; per 15 minutes	HI, HQ	Comprehensive Waiver; Group
Y9104	Y91049	On Site Day Hab, Indv		15 min	15 min					T2021	Day habilitation, waiver; per 15 minutes	HI	Comprehensive Waiver
Y9105	Y91059	Off Site Day Hab, Group		15 min	15 min					T2021	Day habilitation, waiver; per 15 minutes	HI, HQ, SE	Comprehensive waiver; Group; Off Site (State and/or Federally- funded programs/service s)
Y9106	Y91069	Off Site Day Hab, Indv		15 min	15 min					T2021	Day habilitation, waiver; per 15 minutes	HI, SE	Comprehensive Waiver; Off Site (State and/or Federally-funded programs/service s)

Revised 8-14-03	DMH SERVICE CODE	DESCRIPTION	AMOUNT	POS Unit Size	Required Unit size	CPT	CPT Description	Modifiers	Modifier Description	HCPCS	HCPCS Description	Modifiers	Modifier Description
Y9110	Y91109	Physical Therapy		15 min	15 min	97110	Therapeutic procedure, one or more areas, each 15 minutes; therapeutic, exercises to develop strength and endurance, range of motion and flexibility	HI	Comprehensive Waiver				
Y9110	Y91119	Physical Therapy Consultant		15 min	15 min	97110	Therapeutic procedure, one or more areas, each 15 minutes; therapeutic, exercises to develop strength and endurance, range of motion and flexibility	HI	Comprehensive Waiver				
Y9115	Y91159	Occupational Therapy		15 min	15 min	97535	Self-care/home management training (eg, activities of daily living (ADL) and compensatory training, meal preparation, safety procedures, and instructions in use of assistive technology devices/adaptive equipment) direct one-on-one contact by provider, each 15 minutes	HI	Comprehensive Waiver				

Revised 8-14-03	DMH SERVICE CODE	DESCRIPTION	AMOUNT	POS Unit Size	Required Unit size	CPT	CPT Description	Modifiers	Modifier Description	HCPCS	HCPCS Description	Modifiers	Modifier Description
Y9115	Y92159	Occupational Therapy - COTA		15 min	15 min	97535	Self-care/home management training (eg, activities of daily living (ADL) and compensatory training, meal preparation, safety procedures, and instructions in use of assistive technology devices/adaptive equipment) direct one-on-one contact by provider, each 15 minutes	HI	Comprehensive Waiver				
Y9115	Y91149	Occupational Therapy Consultant		15 min	15 min	97535	Self-care/home management training (eg, activities of daily living (ADL) and compensatory training, meal preparation, safety procedures, and instructions in use of assistive technology devices/adaptive equipment) direct one-on-one contact by provider, each 15 minutes	HI	Comprehensive Waiver				
Y9120	Y91209	Speech therapy		15 min	15 min	92507	Treatment of speech, language, voice, communication, and/or auditory processing disorder (includes aural rehabilitation); individual	HI	Comprehensive Waiver				

Revised 8-14-03	DMH SERVICE CODE	DESCRIPTION	AMOUNT	POS Unit Size	Required Unit size	CPT	CPT Description	Modifiers	Modifier Description	HCPCS	HCPCS Description	Modifiers	Modifier Description
Y9120	Y91219	Speech therapy Consultant		15 min	15 min	92507	Treatment of speech, language, voice, communication, and/or auditory processing disorder (includes aural rehabilitation); individual	HI	Comprehensive Waiver				
Y9126	Y91269	Behavior Therapy		15 min	15 min					H0004	Behavioral health counseling and therapy, per 15 min	HI	Comprehensive Waiver
Y9111	Y92119	In Home Respite		Day	per diem					S5151	Unskilled respite care, not hospice, per diem	HI	Comprehensive Waiver
Y9112	Y91129	In Home Respite		1 hour	15 min					S5150	Unskilled respite care, not hospice, per 15 min	HI	Comprehensive Waiver
Y9122	Y91229	In Home Respite, Group		1 hour						S5150	Unskilled respite care, not hospice, per 15 min	HI, HQ	
Y9130	Y91309	Respite Care Out of home		Day	Per Diem					H0045	Respite care services, not in the home, per diem	HI	Comprehensive Waiver
Y9135	Y91359	Transportation		Month	Month					A0120	Nonemergency transportation	HI	Comprehensive Waiver
Y9135	Y94109	Trans Ambl Small Group		Month	Month					A0120	Nonemergency transportation	HI	Comprehensive Waiver
Y9135	Y94169	Trans Ambl Large Group		Month	Month					A0120	Nonemergency transportation	HI	Comprehensive Waiver
Y9135	Y94209	Trans Am Att Sm Group		Month	Month					A0120	Nonemergency transportation	HI	Comprehensive Waiver
Y9135	Y94269	Trans Am Att Lg Group		Month	Month					A0120	Nonemergency transportation	HI	Comprehensive Waiver
Y9135	Y94309	Trans Non Am Sm Group		Month	Month					A0120	Nonemergency transportation	HI	Comprehensive Waiver
Y9135	Y94369	Trans Non Am Lg Group		Month	Month					A0120	Nonemergency transportation	HI	Comprehensive Waiver
Y9135	Y94469	Trans ISL Ind		Month	Month					A0120	Nonemergency transportation	HI	Comprehensive Waiver
Y9140	Y91409	Envioronmental Accessibility Adaptations		1 Job	Per Service					S5165	Home modifications, per service	HI	Comprehensive Waiver

Revised 8-14-03	DMH SERVICE CODE	DESCRIPTION	AMOUNT	POS Unit Size	Required Unit size	CPT	CPT Description	Modifiers	Modifier Description	HCPCS	HCPCS Description	Modifiers	Modifier Description
Y9145	Y91459	Specialized Medical Equipment and Supplies		1 Job						T2029	Specialized medical equipment, not otherwise specified, waiver	HI	Comprehensive Waiver
Y9150	Y91509	Supported Employment Indv		15 min	15 min					H2023	Supported employment, per 15 min	HI	Comprehensive Waiver
Y9152	Y91529	Supported Employment Group		15 min	15 min					H2023	Supported employment, per 15 min	HI, HQ	Comprehensive Waiver; Group
Y9113	Y91139	Personal Assistant, Individual Provider		1 hour	15 min					T1019	Personal care sevicees, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may not be used to identify services provided by home health aide or certified nurse assistant)	HI, U2	Comprehensive Waiver Consumer-Directed Service
Y9114	Y92149	Personal Assistant, Agency, Indiv		1 hour	15 min					T1019	Personal care sevicees, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may not be used to identify services provided by home health aide or certified nurse assistant)	HI	Comprehensive Waiver

Revised 8-14-03	DMH SERVICE CODE	DESCRIPTION	AMOUNT	POS Unit Size	Required Unit size	CPT	CPT Description	Modifiers	Modifier Description	HCPCS	HCPCS Description	Modifiers	Modifier Description
Y9123	Y91239	Personal Assistant, Group		1 hour	15 min					T1019	Personal care sevicees, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may not be used to identify services provided by home health aide or certified nurse	HI, HQ	Comprehensive Waiver; Group
Y9116	Y91169	Personal Assistant, Medical Behavioral		1 hour	15 min					T1019	Personal care sevicees, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may not be used to identify services provided by home health aide or certified nurse	HI, TG	Comprehensive Waiver; Complex/high tech level of care
Y9117	Y91179	Crisis Intervention, Professional		15 min	1 hour					S9484	Crisis intervention mental health services, per hour	HI	Comprehensive Waiver
Y9118	Y91189	Crisis Intervention, Technician		15 min	1 hour					S9484	Crisis intervention mental health services, per hour	HI, HM	Comprehesive Waiver; Less than bachelor degree level
Y9119	Y91199	Community Specialist		15 min	15 min					T1016	Case management, each 15 minutes	HI	Comprehensive Waiver
Y9121	Y92219	Communication Skills Instruction		1 hour	15 min					H2014	Skills training and development, per 15 minutes	HI	Comprehensive Waiver

Revised 8-14-03	DMH SERVICE CODE	DESCRIPTION	AMOUNT	POS Unit Size	Required Unit size	CPT	CPT Description	Modifiers	Modifier Description	HCPCS	HCPCS Description	Modifiers	Modifier Description
Y9109	Y91099	Counseling		15 min	15 min					H0004	Behavioral health counseling and therapy, per 15 min	HI, TG	Comprehensive Waiver; Complex/high tech level of care
In Home Waiver													
Y9103	Y92039	On Site Day Hab, Group		15 min	15 min					T2021	Day habilitation, waiver; per 15 minutes	U1, HQ	In Home Waiver; Group
Y9104	Y91049	On Site Day Hab, Indv		15 min	15 min					T2021	Day habilitation, waiver; per 15 minutes	U1	In Home Waiver
Y9105	Y91059	Off Site Day Hab, Group		15 min	15 min					T2021	Day habilitation, waiver; per 15 minutes	U1, HQ, SE	In Home Waiver; Group; Off Site (State and/or Federally-funded programs/service s)
Y9106	Y91069	Off Site Day Hab, Indv		15 min	15 min					T2021	Day habilitation, waiver; per 15 minutes	U1, SE	In Home Waiver; Off Site (State and/or Federally-funded programs/service s)
Y9110	Y91109	Physical Therapy		15 min	15 min	97110	Therapeutic procedure, one or more areas, each 15 minutes; therapeutic, exercises to develop strength and endurance, range of motion and flexibility	U1	In Home Waiver				

Revised 8-14-03	DMH SERVICE CODE	DESCRIPTION	AMOUNT	POS Unit Size	Required Unit size	CPT	CPT Description	Modifiers	Modifier Description	HCPCS	HCPCS Description	Modifiers	Modifier Description
Y9110	Y91119	Physical Therapy Consultant		15 min	15 min	97110	Therapeutic procedure, one or more areas, each 15 minutes; therapeutic, exercises to develop strength and endurance, range of motion and flexibility	U1	In Home Waiver				
Y9115	Y91159	Occupational Therapy		15 min	15 min	97535	Self-care/home management training (eg, activities of daily living (ADL) and compensatory training, meal preparation, safety procedures, and instructions in use of assistive technology devices/adaptive equipment) direct one-on-one contact by provider, each 15 minutes	U1	In Home Waiver				
Y9115	Y92159	Occupational Therapy - COTA		15 min	15 min	97535	Self-care/home management training (eg, activities of daily living (ADL) and compensatory training, meal preparation, safety procedures, and instructions in use of assistive technology devices/adaptive equipment) direct one-on-one contact by provider, each 15 minutes	U1	In Home Waiver				

Revised 8-14-03	DMH SERVICE CODE	DESCRIPTION	AMOUNT	POS Unit Size	Required Unit size	CPT	CPT Description	Modifiers	Modifier Description	HCPCS	HCPCS Description	Modifiers	Modifier Description
Y9115	Y91149	Occupational Therapy Consultant		15 min	15 min	97535	Self-care/home management training (eg, activities of daily living (ADL) and compensatory training, meal preparation, safety procedures, and instructions in use of assistive technology devices/adaptive equipment) direct one-on-one contact by provider, each 15 minutes	U1	In Home Waiver				
Y9120	Y91209	Speech therapy		15 min	15 min	92507	Treatment of speech, language, voice, communication, and/or auditory processing disorder (includes aural rehabilitation); individual	U1	In Home Waiver				
Y9120	Y91219	Speech therapy Consultant		15 min	15 min	92507	Treatment of speech, language, voice, communication, and/or auditory processing disorder (includes aural rehabilitation); individual	U1	In Home Waiver				
Y9126	Y91269	Behavior Therapy		15 min	15 min					H0004	Behavioral health counseling and therapy, per 15 min	U1	In Home Waiver
Y9111	Y92119	In Home Respite		Day	per diem					S5151	Unskilled respite care, not hospice, per diem	U1	In Home Waiver
Y9112	Y91129	In Home Respite		1 hour	15 min					S5150	Unskilled respite care, not hospice, per 15 min	U1	In Home Waiver
Y9122	Y91229	In Home Respite, Group		1 hour						S5150	Unskilled respite care, not hospice, per 15 min	U1, HQ	In Home Waiver; Group
Y9130	Y91309	Respite Care Out of home		Day	Per Diem					H0045	Respite care services, not in the home, per diem	U1	In Home Waiver

Revised 8-14-03	DMH SERVICE CODE	DESCRIPTION	AMOUNT	POS Unit Size	Required Unit size	CPT	CPT Description	Modifiers	Modifier Description	HCPCS	HCPCS Description	Modifiers	Modifier Description
Y9135	Y91359	Transportation		Month	Month					A0120	Nonemergency transportation	U1	In Home Waiver
Y9135	Y94109	Trans Ambl Small Group		Month	Month					A0120	Nonemergency transportation	U1	In Home Waiver
Y9135	Y94169	Trans Ambl Large Group		Month	Month					A0120	Nonemergency transportation	U1	In Home Waiver
Y9135	Y94209	Trans Am Att Sm Group		Month	Month					A0120	Nonemergency transportation	U1	In Home Waiver
Y9135	Y94269	Trans Am Att Lg Group		Month	Month					A0120	Nonemergency transportation	U1	In Home Waiver
Y9135	Y94309	Trans Non Am Sm Group		Month	Month					A0120	Nonemergency transportation	U1	In Home Waiver
Y9135	Y94369	Trans Non Am Lg Group		Month	Month					A0120	Nonemergency transportation	U1	In Home Waiver
Y9135	Y94469	Trans ISL Ind		Month	Month					A0120	Nonemergency transportation	U1	In Home Waiver
Y9140	Y91409	Envioronmental Accessibility Adaptations		1 Job	Per Service					S5165	Home modifications, per service	U1	In Home Waiver
Y9145	Y91459	Specialized Medical Equipment and Supplies		1 Job						T2029	Specialized medical equipment, not otherwise specified, waiver	U1	In Home Waiver
Y9150	Y91509	Supported Employment Indv		15 min	15 min					H2023	Supported employment, per 15 min	U1	In Home Waiver
Y9152	Y91529	Supported Employment Group		15 min	15 min					H2023	Supported employment, per 15 min	U1, HQ	In Home Waiver; Group

Revised 8-14-03	DMH SERVICE CODE	DESCRIPTION	AMOUNT	POS Unit Size	Required Unit size	CPT	CPT Description	Modifiers	Modifier Description	HCPCS	HCPCS Description	Modifiers	Modifier Description
Y9113	Y91139	Personal Assistant, Individual Provider		1 hour	15 min					T1019	Personal care sevicees, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may not be used to identify services provided by home health aide or certified nurse assistant)	U1, U2	In Home Waiver; Consumer- Directed Service
Y9114	Y92149	Personal Assistant, Agency, Indiv		1 hour	15 min					T1019	Personal care sevicees, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may not be used to identify services provided by home health aide or certified nurse assistant)	U1	In Home Waiver
Y9123	Y91239	Personal Assistant, Group		1 hour	15 min					T1019	Personal care sevicees, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may not be used to identify services provided by home health aide or certified nurse	U1, HQ	In Home Waiver

Revised 8-14-03	DMH SERVICE CODE	DESCRIPTION	AMOUNT	POS Unit Size	Required Unit size	CPT	CPT Description	Modifiers	Modifier Description	HCPCS	HCPCS Description	Modifiers	Modifier Description
Y9116	Y91169	Personal Assistant, Medical Behavioral		1 hour	15 min					T1019	Personal care sevices, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may not be used to identify services provided by home health aide or certified nurse	U1, TG	In Home Waiver; Complex/high tech level of care
Y9117	Y91179	Crisis Intervention, Professional		15 min	1 hour					S9484	Crisis intervention mental health services, per hour	U1	In Home Waiver
Y9118	Y91189	Crisis Intervention, Technician		15 min	1 hour					S9484	Crisis intervention mental health services, per hour	U1, HM	In Home Waiver; Less than bachelor degree level
Y9119	Y91199	Community Specialist		15 min	15 min					T1016	Case management, each 15 minutes	U1	In Home Waiver
Y9121	Y92219	Communication Skills Instruction		1 hour	15 min					H2014	Skills training and development, per 15 minutes	U1	In Home Waiver
Y9109	Y91099	Counseling		15 min	15 min					H0004	Behavioral health counseling and therapy, per 15 min	U1, TG	In Home Waiver; Complex/high tech level of care
Lopez Waiver													
Y9103	Y92039	On Site Day Hab, Group		15 min	15 min					T2021	Day habilitation, waiver; per 15 minutes	HI, HQ	Comprehensive Waiver; Group
Y9104	Y91049	On Site Day Hab, Indv		15 min	15 min					T2021	Day habilitation, waiver; per 15 minutes	HI	Comprehensive Waiver

Revised 8-14-03	DMH SERVICE CODE	DESCRIPTION	AMOUNT	POS Unit Size	Required Unit size	CPT	CPT Description	Modifiers	Modifier Description	HCPCS	HCPCS Description	Modifiers	Modifier Description
Y9105	Y91059	Off Site Day Hab, Group		15 min	15 min					T2021	Day habilitation, waiver; per 15 minutes	HI, HQ, SE	Comprehensive waiver; Group; Off Site (State and/or Federally-funded programs/service s)
Y9106	Y91069	Off Site Day Hab, Indv		15 min	15 min					T2021	Day habilitation, waiver; per 15 minutes	HI, SE	Comprehensive Waiver; Off Site (State and/or Federally-funded programs/service s)
Y9126	Y91269	Behavior Therapy		15 min	15 min					H0004	Behavioral health counseling and therapy, per 15 min	HI	Comprehensive Waiver
Y9111	Y92119	In Home Respite		Day	per diem					S5151	Unskilled respite care, not hospice, per diem	HI	Comprehensive Waiver
Y9112	Y91129	In Home Respite		1 hour	15 min					S5150	Unskilled respite care, not hospice, per 15 min	HI	Comprehensive Waiver
Y9122	Y91229	In Home Respite, Group		1 hour						S5150	Unskilled respite care, not hospice, per 15 min	HI, HQ	
Y9130	Y91309	Respite Care Out of home		Day	Per Diem					H0045	Respite care services, not in the home, per diem	HI	Comprehensive Waiver
Y9135	Y91359	Transportation		Month	Month					A0120	Nonemergency transportation	HI	Comprehensive Waiver
Y9135	Y94109	Trans Ambl Small Group		Month	Month					A0120	Nonemergency transportation	HI	Comprehensive Waiver
Y9135	Y94169	Trans Ambl Large Group		Month	Month					A0120	Nonemergency transportation	HI	Comprehensive Waiver
Y9135	Y94209	Trans Am Att Sm Group		Month	Month					A0120	Nonemergency transportation	HI	Comprehensive Waiver
Y9135	Y94269	Trans Am Att Lg Group		Month	Month					A0120	Nonemergency transportation	HI	Comprehensive Waiver
Y9135	Y94309	Trans Non Am Sm Group		Month	Month					A0120	Nonemergency transportation	HI	Comprehensive Waiver

Revised 8-14-03	DMH SERVICE CODE	DESCRIPTION	AMOUNT	POS Unit Size	Required Unit size	CPT	CPT Description	Modifiers	Modifier Description	HCPCS	HCPCS Description	Modifiers	Modifier Description
Y9135	Y94369	Trans Non Am Lg Group		Month	Month					A0120	Nonemergency transportation	HI	Comprehensive Waiver
Y9135	Y94469	Trans ISL Ind		Month	Month					A0120	Nonemergency transportation	HI	Comprehensive Waiver
Y9140	Y91409	Envioronmental Accessibility Adaptations		1 Job	Per Service					S5165	Home modifications, per service	HI	Comprehensive Waiver
Y9145	Y91459	Specialized Medical Equipment and Supplies		1 Job						T2029	Specialized medical equipment, not otherwise specified, waiver	HI	Comprehensive Waiver
Y9150	Y91509	Supported Employment Indv		15 min	15 min					H2023	Supported employment, per 15 min	HI	Comprehensive Waiver
Y9152	Y91529	Supported Employment Group		15 min	15 min					H2023	Supported employment, per 15 min	HI, HQ	Comprehensive Waiver; Group
Y9113	Y91139	Personal Assistant, Individual Provider		1 hour	15 min					T1019	Personal care sevicees, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may not be used to identify services provided by home health aide or certified nurse assistant)	HI, U2	Comprehensive Waiver Consumer-Directed Service
Y9114	Y92149	Personal Assistant, Agency, Indiv		1 hour	15 min					T1019	Personal care sevicees, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may not be used to identify services provided by home health aide or certified nurse assistant)	HI	Comprehensive Waiver

Revised 8-14-03	DMH SERVICE CODE	DESCRIPTION	AMOUNT	POS Unit Size	Required Unit size	CPT	CPT Description	Modifiers	Modifier Description	HCPCS	HCPCS Description	Modifiers	Modifier Description
Y9123	Y91239	Personal Assistant, Group		1 hour	15 min					T1019	Personal care sevices, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may not be used to identify services provided by home health aide or certified nurse	HI, HQ	Comprehensive Waiver; Group
Y9116	Y91169	Personal Assistant, Medical Behavioral		1 hour	15 min					T1019	Personal care sevices, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may not be used to identify services provided by home health aide or certified nurse	HI, TG	Comprehensive Waiver; Complex/high tech level of care
Y9117	Y91179	Crisis Intervention, Professional		15 min	1 hour					S9484	Crisis intervention mental health services, per hour	HI	Comprehensive Waiver
Y9118	Y91189	Crisis Intervention, Technician		15 min	1 hour					S9484	Crisis intervention mental health services, per hour	HI, HM	Comprehensive Waiver; Less than bachelor degree level
Y9119	Y91199	Community Specialist		15 min	15 min					T1016	Case management, each 15 minutes	HI	Comprehensive Waiver
Y9121	Y92219	Communication Skills Instruction		1 hour	15 min					H2014	Skills training and development, per 15 minutes	HI	Comprehensive Waiver